

Work Order ID 94216

94216

Page 1

November-30-12 10:14:12 AM

Item ID: D2171 Accept *N900040100* Setup Start *NS1*
 Revision ID: Stop *NS2*
 Item Name: Clamp
 Start Date: 11/30/12 Start Qty: 8.00 *8* Cust Item ID:
 Required Date: 12/14/12 Req'd Qty: 8.00 *8* Customer:
 Reference:

Approvals: Process Plan: MLJ Date: 12-12-04 Tooling: _____ Date: _____ Run Start *NR1*
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D2171	Rev D								
100	PURCHASING	0.00							
100									
Waterjet	Memo	0.00							
FLOW CNC Waterjet	1-Cut as per Dwg								
304 1063	Dwg Rev: <u>D</u>								
	Prog Rev: <u>D</u>								
	2-Deburr if necessary								
110	QC2- Inspect parts off machine FAI/FAIB	0.00							
110									
QC	Memo	0.00							
Quality Control									

(9)
 12-12-11

(9)
 12-12-11

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											

FAULT CATEGORY				
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

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November-30-12 10:14:12 AM

Accept

N900040100

Setup Start *NS1*

Stop *NS2*

Start Date: 11/30/12 **Start Qty:** 8.00 ***8***

Cust Item ID:

Required Date: 12/14/12 **Req'd Qty:** 8.00 ***Q***

Customer:

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Run Start *NR1*

Approvals: _____ **Process Plan:** _____ **Date:** _____ **Tooling:** _____ **Date:** _____

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QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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120

QC8- Inspect parts - second check

0.00

120

QC

Memo

0.00

Quality Control

130

Form as per dwg

0.00

130

Brake NC

Memo

0.00

Brake NC

1- remove press and machine marking as necessary

140

QC5- Inspect part completeness to step on W/O

0.00

140

QC

Memo

0.00

Quality Control

NCR: Yes / No

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Setup Start *NS1*

Stop *NS2*

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Required Date: 12/14/12 **Req'd Qty:** 8.00 ***g***

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Reference:

Run Start *NR1*

Approvals: _____ **Process Plan:** _____ **Date:** _____ **Tooling:** _____ **Date:** _____

Stop *NR2*

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

**Insp.
Stamp**

150

Identify as per dwg & Stock Location:

on: S4SLP

0.00

150

Packaging

Memo

0.00

Packaging

160

QC21- Final Inspection - Work Order Release

0.00

160

OC


Memo

0.00

Quality Control

19x

SP
B-01-08

13/1/10 

MLS 13-01-08

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

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Picklist Print

November-30-12 10:14:11 AM

Page 1

Work Order ID: 94216

Parent Item: D2171

Parent Item Name: Clamp

Start Date: 11/30/12

Required Date: 12/14/12

Start Qty: 8.00

Required Qty: 8.00

Comments: IPP REV:A 11.04.26 now made in house DD verf:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M304S16GA 304/316 Sheet .063		Purchased	No			100	sf	184.0780	0.0258	0.2172632		12-12-11	

Location

Loc Qty

Loc Code

MAT020

184.078

122245

6.578

123136

177.5

123136

(Handwritten initials and date)

NCR: Yes / No

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Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

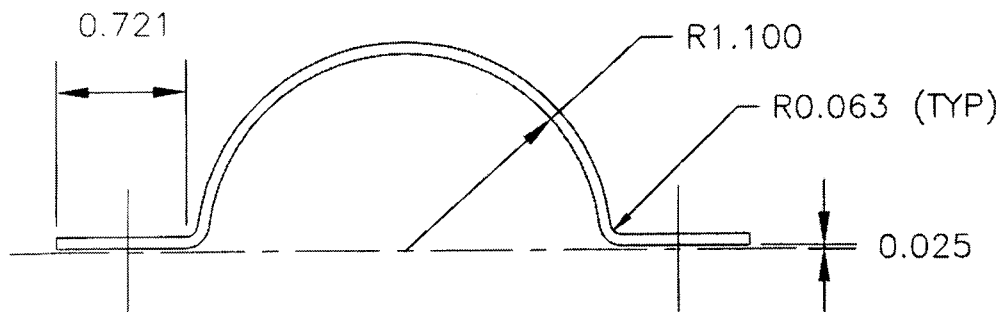
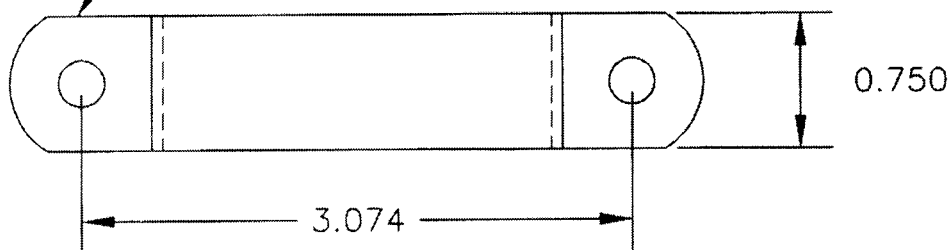
FAULT CATEGORY				
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	



DESIGN Bw	DRAWN BY DA	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
CHECKED CP	APPROVED KE	DRAWING NO. D2171	REV. D SHEET 1 OF 1
DATE 99.03.08		TITLE CLAMP	SCALE 1:1
B	96.01.29	REDRAWN	
C	97.05.14	RADIUS CHANGED, CUSHION ADDED	
D	99.03.08	REMOVE CUSHION (TSR A890) 4.158 WAS 4.888	

RELEASED
99.03.14 KE

PUNCH ENDS PER SPEC
CONTROL DRAWING D2727



MATERIAL: 304/316 SS 0.063 THICK
FLAT LENGTH: 4.968 END-END
4.158 HOLE-HOLE



12-12-04
94216.MCS
WORK ORDER
TO MANAGEMENT
COPYING
RETURN TO
SUPPLY COPY